2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000029586

City-St-Zip:

Entity Name: GRAHAM & GRAHAM ENTERPRISES, INC

FILED Mar 02, 2009 Secretary of State

Littly Nan	IE. GRAHAW	& GRAHAWI LIVI ERFRIGES,	IIVC.				
Current Principal Place of Business:				New Principal Place of Business:			
SUITE 101/	'A SPRINGS R A DD, FL 32779	D.					
Current Mailing Address:				New Mailing Address:			
365 WEKIVA SPRINGS RD #101 LONGWOOD, FL 32779				365 WEKIVA SPRINGS RD. SUITE 101A LONGWOOD, FL 32779			
FEI Number:	59-3138837	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
GRAHAM, BARRY M 212 BARRY COURT LONGWOOD, FL 32779 US				GRAHAM, BARRY M 365 WEKIVA SPRINGS RD. SUITE 101A LONGWOOD, FL 32779 US			
The above in the State		ubmits this statement for the p	urpose o	f changing it	ts registered	d office or registered agent, or both,	
SIGNATURE:				03/02/2009			
Electronic Signature of Registered Agent				Date			
Election Carr	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () GRAHAM, BARE 212 BARRY CO LONGWOOD, F	JRT		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	V () GRAHAM, MITZI 212 BARRY COL LONGWOOD, F	JRT		Title: Name: Address: City-St-Zip:	GRAHAM, M 365 WEKIV	(X) Change ()Addition IARCETTA 'A SPRINGS RD. SUITE 101A D, FL 32779	
Title: Name: Address:	()	Delete		Title: Name: Address:	SEC GRAHAM, M 365 WEKIVA	()Change(X)Addition ITZI A SPRINGS ROAD SUITE 101A	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

LONGWOOD, FL 32779

SIGNATURE: MITZI GRAHAM SEC 03/02/2009